

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213511601				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AAFP Insurance Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301</p> <p>GLEN ALLEN, VA 23060-6802</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: F1742230</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500
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COMMON	500					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: MO</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11400 TOMAHAWK CREEK PARKWAY, SUITE 430</p> <p style="text-align: center;">CITY/ST/ZIP: LEAWOOD, KS 66211-2672</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J. THOMAS KOCH, RHU TITLE: PRESIDENT ADDRESS: 14714 NORWOOD CITY/ST/ZIP/CO: LEAWOOD, KS 66224 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J. THOMAS KOCH, RHU TITLE: PRESIDENT ADDRESS: 14714 NORWOOD CITY/ST/ZIP/CO: LEAWOOD, KS 66224	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Douglas Eugene Henley, MD DIRECTOR 11400 Tomahawk Creek Pkwy Leawood, KS 66211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Evelyn Lynnette Lewis, MD DIRECTOR 170 Arbor Springs Parkway Newnan, GA 30265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Francis Madden, MD DIRECTOR 609 South Christopher Drive Belen, NM 87002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Samuel Hughes Melton, MD DIRECTOR Mountain States Health Alliance 16000 Johnston Memorial Drive Abington, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick Brent Smith, MD DIRECTOR 3218 Vetrans Memorial Pkwy Unit 1106 Tuscaloosa, AL 35404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jane Ann Weida, MD DIRECTOR Reading Hospital & Medical Ctr 301 S. Seventh Ave., Suite 2120 West Reading, PA 19611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ J. THOMAS KOCH, RHU SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	J. THOMAS KOCH, RHU, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/6/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			